

SAMPLE FEDERAL FUNDING LETTER TO PROVIDERS

(Date)

(First Name, Last)

(Title)

(Name of Company)

(Address)

(City, State, Zipcode)

(Mr or Ms, Last Name)

(Name of Subrecipient) is a subrecipient with the (Name of Tribal/Regional Behavioral Health Authority) and as such receives funding through one or more federally funded programs. Under the Federal Single Audit Act and OMB Circular A-133, organizations spending federal funding of **\$750,000 or more** during their fiscal year must comply with OMB Circular A-133 reporting requirements and the terms specified by your contract. If your organization has spent funding that falls within these guidelines, please submit your completed Single Audit Report Package for the fiscal year ending xxxx. Please include our office on your distribution list for all components shown in **bold** below. The single audit package includes:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Financial Statement and Single Audit including your Schedule of Expenditures of Federal Awards (SEFA). Per the OMB Circular A-133, please include identifiers and contract numbers for pass-through funds. (See §310 (2)) 2. Copy of the “Data Collection Form” (SF-SAC) 3. Schedule of Findings and Questioned Costs | <ol style="list-style-type: none"> 4. Any Financial Statement Findings 5. Any Federal Award Findings and Questioned Costs 6. Prior Audit Findings (if any) 7. Corrective Action Plan (CAP) 8. Management Letter (if applicable) |
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If your organization’s **total** Federal funding during the **(year)** fiscal year was **less than** \$750,000 and you do not fall within the Federal or contract requirements for the above reporting, please **mark this letter** accordingly, and **return a copy** to our office.

☐ We are required by Federal Regulation and contract to submit a Single Audit and will do so by (date) ____/____/____.

☐ We have already sent our **(year)** Single Audit Package to xxxx (date) ____/____/____.

☐ We **do not** fall within the requirements and will not be submitting a **(year)** Single Audit (Explain below):

Explain: _____

Name (print) _____ **Title:** _____

Signature: _____ **Phone #:** _____